

**FILED APR 12 1944**

Registration District No. **3127**

Primary Registration District No. **3127**

Registrar's No. **22**

49  
6  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
304 North Ball St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community 70 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City  
(If outside city or town limits, write "RURAL")

(d) Street No. 304 North Ball Street  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary P. (Mollie) Stevison

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1944 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from Oct 14 1943 to March 7 1944 that I last saw her alive on March 6 1943; and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: February 4, 1874  
(Month) (Day) (Year)

Immediate cause of death: Myocarditis Chronic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 93d  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace: Jasper County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harrison E. Hatcher

13. Birthplace Jasper County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Maura Harrison

15. Birthplace Carrolton Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Son: Elmer Stevison

(b) Address Webb City, Missouri

17. (a) burial (b) Date thereof 5 10 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery Hedge - Nelson

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Webb City, Mo.

19. (a) Mar 11 1944 (b) Mrs. Lillian Lagle  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. Stevison (M. D. or other) Dr  
Address Webb City, Mo. Date signed MSX

44-3-917

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *[Handwritten Signature]*

Licensed Embalmer No. *2859*

P. O. Address *[Handwritten Address]*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**